

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
SEP 10 2015
ENTERED

4775-
Permit #: 15-0364
Date: 9-23-15
Amount Paid: \$75
Refund: 9-23-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: MARK SCHNEEBERGER	Mailing Address: 65695 HIGHLAND RD ASHLAND, WI 54806	City/State/Zip: ASHLAND, WI 54806	Telephone: 715 209 2091
Address of Property: 65695 HIGHLAND ROAD		City/State/Zip: ASHLAND, WI 54806	Cell Phone: 715 209 2091
Contractor: PETE SOKINEN	Contractor Phone: 715-681-0667	Plumber: —	Plumber Phone: —
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: N 1/4 SE 1/4 NE 1/4		PIN: (23 digits) 04-020-2-47-05-26-1 04-000-11000	
Legal Description: (Use Tax Statement)		Recorded Document: (i.e. Property Ownership) 1628 Page(s) 179	
Section 26 , Township 47 N, Range 5 W	Town of: EILEEN		Lot Size: 20 Acreage

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: — feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: — feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$20,488	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: MS412	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft		<input type="checkbox"/> 2	<input type="checkbox"/> Sanitary (Exists) Specify Type: MS412	
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 64	Width: 32	Height: 12
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	Accessory Building (specify) POLE BUILDING	(32 X 64)	2048
	Accessory Building Addition/Alteration (specify) W/lean to's	(19 X 16)	144
		(9 X 16)	144
Rec'd for Issuance	Special Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
SEP 23 2015	Conditional Use: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	
Secretarial Staff	Other: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further acknowledge that any false or misleading information may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): **Mark Schneck** Date **9-9-15**
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____ Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

SUBMIT: COMPLETED APPLICATION TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date: SEP 23 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0865
Date: 9-24-15
Amount Paid: \$95
Refund: 9-24-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Thomas L. Harrison
Mailing Address: 6645 Ashland Rd Ashland, WI 54806
City/State/Zip: Ashland, WI 54806
Telephone: 715-682-8364
Cell Phone: 298-3498

Address of Property: 6645 Ashland Rd Ashland, WI 54806
Contractor: Contractor Phone: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☐ No

PROJECT LOCATION: NE 1/4, SE 1/4 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-026-2-47-053V-4 01-000-10000
Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Document: (i.e. Property Ownership) Volume 744 Page(s) 400

Section 24, Township 47 N, Range 5 W Town of: GREEN Lot Size: Acreage 33.5

☐ Shoreland ☒ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue → Distance Structure is from Shoreline: feet
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue → Distance Structure is from Shoreline: feet

Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material: \$25,000

Project and/or basement: ☒ New Construction ☐ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City ☐ Addition/Alteration ☐ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ Well ☐ Conversion ☐ 2-Story ☐ SHOP ☐ 3 ☐ Sanitary (Exists) Specify Type: ☐ Privy (Pit) or Vented (min 200 gallon) ☐ Relocate (existing bldg) ☐ Basement ☒ None ☐ Portable (w/service contract) ☐ Run a Business on Property ☐ No Basement ☒ Foundation ☐ Compost Toilet ☐ None

What Type of Sewer/Sanitary System is on the property? ☐ City ☒ Well

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:

Proposed Construction: Length: 30 Width: 48 Height: 14

Proposed Use: ☒ Residential Use ☐ Commercial Use ☐ Municipal Use

Proposed Structure: ☐ Principal Structure (first structure on property) ☐ Residence (i.e. cabin, hunting shack, etc.) ☐ with Loft ☐ with a Porch ☐ with (2nd) Deck ☐ with a Deck ☐ with Attached Garage ☐ Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) ☐ Mobile Home (manufactured date) ☐ Addition/Alteration (specify) ☒ Accessory Building (specify) ☐ Accessory Building Addition/Alteration (specify)

Dimensions: Square Footage: ☐ Principal Structure (first structure on property) () ☐ Residence (i.e. cabin, hunting shack, etc.) () ☐ with Loft () ☐ with a Porch () ☐ with (2nd) Deck () ☐ with a Deck () ☐ with Attached Garage () ☐ Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) () ☐ Mobile Home (manufactured date) () ☐ Addition/Alteration (specify) () ☒ Accessory Building (specify) (30 x 48) 1440 ☐ Accessory Building Addition/Alteration (specify) ()

Rec'd for Issuance: SEP 24 2015

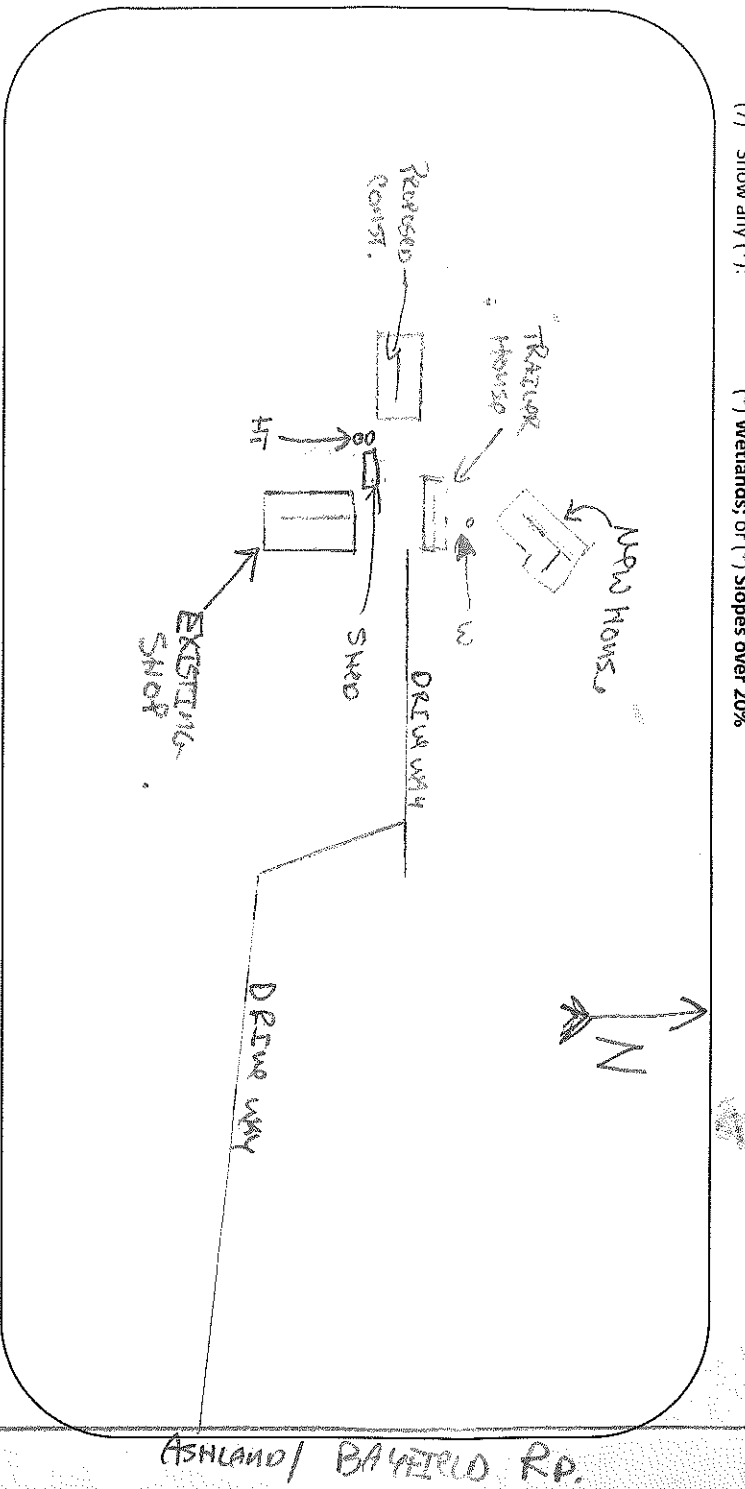
Secretarial Staff: ☐ Special Use: (explain) ☐ Conditional Use: (explain) ☐ Other: (explain)

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Thomas L. Harrison Date 9-16-15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Michael Harrison Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1000 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	500 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	400 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	350 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	275 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	100 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 150305		Permit Date: 9-24-15		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: Site Stake				
Date of Inspection: 9/23/15		Inspected by: [Signature]		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Not for human hab. future				
Signature of Inspector: [Signature]		Date of Approval: 9/24/15		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

**SUBMITT - COMPLETED APPLICATION
STATEMENT AND FEE TO:**
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Retrieved)

Permit #:	15-0376
Date:	9-28-15
Amount Paid:	\$860
Refund:	9-28-15

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED →	<input checked="" type="checkbox"/> LAND USE	<input checked="" type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER _____
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TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input checked="" type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:	
Dorothy Melissa Estain		30598 St Hwy 1371		ASHLAND, VT 54806		715-892-5622	
Address of Property:		City/State/Zip:				Cell Phone:	
28395 Hwy 6		ASHLAND, VT		54806		715-892-5622	
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:	
TODD ESTAIN		715-892-5622		Superior Plumbing Ed R.		715-278-3456	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) 04-		Recorded Document: (i.e. Property Ownership)		Volume _____ Page(s) _____	
NW 1/4, NE 1/4	Gov't Lot _____	Lots _____	CSM _____	Vol & Page _____	Lot(s) No. _____	Block(s) No. _____	Subdivision: _____
			1938	11/253-254			
Section	Township	N, Range	W	Town of:		Lot Size	Acreage
3	47	S		Eileen		660' x 660'	9.37

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure Is from Shoreline : <u>150'</u> feet Distance Structure Is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$278,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>MOUND</u>	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>MOUND</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____		<input type="checkbox"/> None	<input type="checkbox"/> None	

+ no estimate delivered

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 76'4"	Width: 59'	Height: 21'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
X Residential Use	X	Principal Structure (first structure on property)	Total enclosed living space	3150 1888 sq ft
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(32' x 59')	1888 sq ft
		with a Porch	(13.5' x 14.8')	~ 299 sq ft
		with (2 nd) Porch		
		with a Deck		
		with (2 nd) Deck		
		with Attached Garage		
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(22' x 28')	616 sq ft
	<input type="checkbox"/>	Mobile Home (manufactured date)	() ()	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	() ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Accessory Building (specify) _____	() ()	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() ()	
Rec'd for Issuance				
SEP 28 2015	<input type="checkbox"/>	Special Use: (explain) _____	() ()	
	<input type="checkbox"/>	Conditional Use: (explain) _____	() ()	
	<input type="checkbox"/>	Other: (explain) _____	() ()	

FAILURE TO OBTAIN A PERMIT OR VIOLATION WITHOUT A PERMIT WILL RESULT IN PENALIZED
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shirley J. [Signature] William J. [Signature]

(if there are Multiple Owners listed on the Deed **ALL** Owners must sign or letter(s) of authorization must accompany this application)

Date 1-4-2015

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Copy of Tax Statement

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

Please complete (1) - (7) above (prior to continuing) See attached Affidavits
(8) Setbacks: (measured to the closest point) #2 Building site
Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	280'- Feet	Setback from the River, Stream, Creek	152'- Feet
		Setback from the Bank or Bluff	100'- Feet
Setback from the North Lot Line	280'- Feet	Setback from Wetland	Feet
Setback from the South Lot Line	261'- Feet	Setback from 20% Slope Area	100'- Feet
Setback from the West Lot Line	520'- Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	85'- Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: <u>15-1208</u>	# of bedrooms: <u>4</u>	Sanitary Date: <u>9-28-15</u>
Permit Denied (Date):	Reason for Denial:		
Permit #: <u>15-0370</u>	Permit Date: <u>9-28-15</u>		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required: Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>Island delineation and CSN completed. Disturbance to wetlands for driveway approved by WDNR. Owner present to represent property, elevations + building site.</u>		Zoning District Lakes Classification (3)	<u>(R-1)</u> <u>(3)</u>
Date of Inspection: <u>9-28-15</u> Inspected by: <u>CEANANNE MURPHY</u>		Date of Re-Inspection:	

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☒ No (If No they need to be attached)

Structural setback to wetland required to be met.
Conversion of WDNR wetland fill period shall be
Observed.

Signature of Inspector:

Hold For Sanitary: ☐

Hold For TBK: ☐

Hold For Affidavit: ☐

Hold For Fees: ☐

Date of Approval: 9-28-15

ALTERNATIVE #2 Building Site

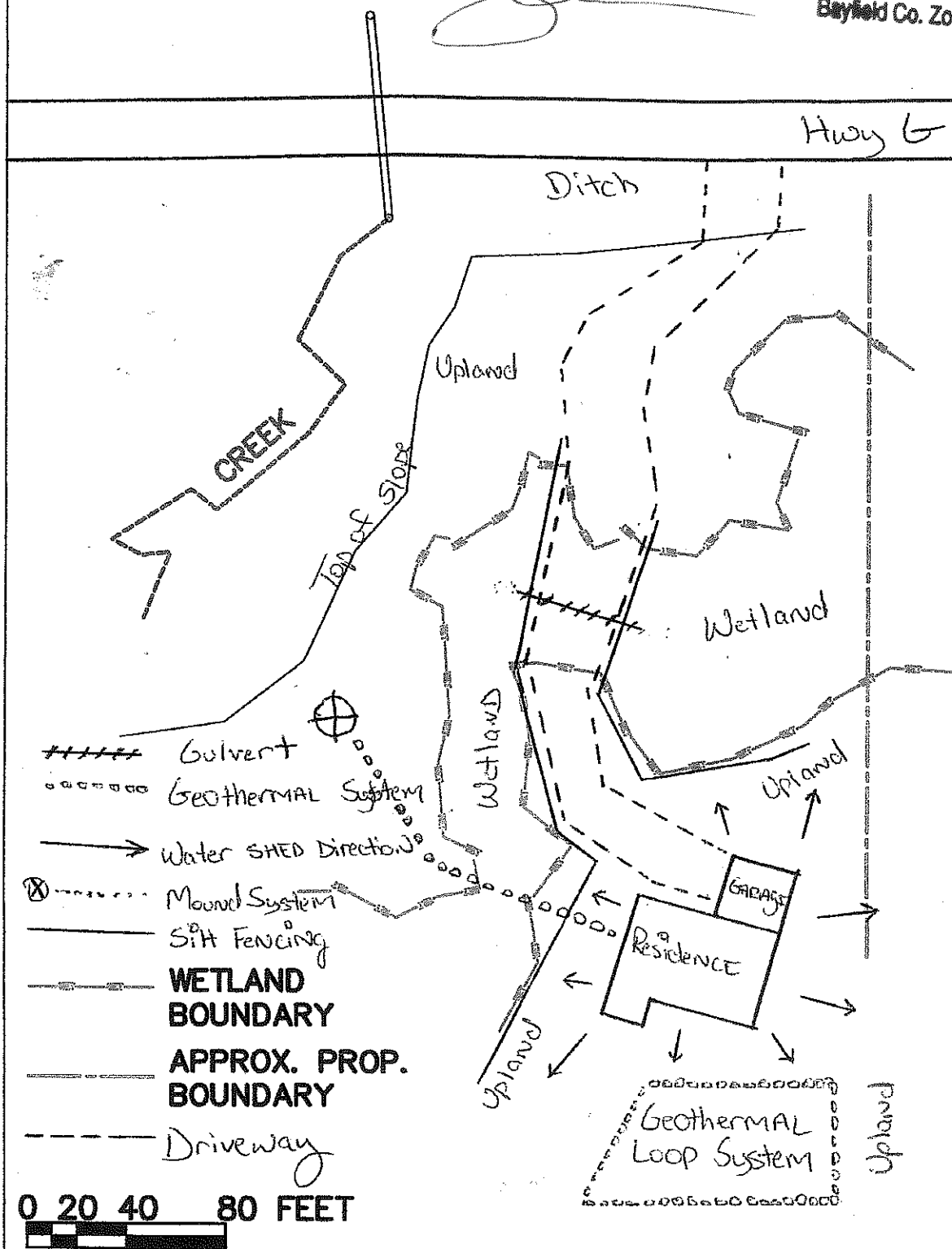
APPROVED PLAN

RECEIVE

SEP 17 2015

Bayfield Co. Zoning Dept.

See box below
(1) (2) (3) (4)



10 ACRE ESTAIN PROPERTY
ASHLAND, WISCONSIN

DATE	REVISIONS	DESCRIPTION

I hereby certify that this plan, specification or report was prepared by me or under my supervision and that I am a duly licensed PROFESSIONAL ENGINEER under the laws of the State of WISCONSIN.

Printed name: _____
Date: _____ Lic. No. _____

ICECOR

P.O. BOX 1105
SUPERIOR, WISCONSIN 54880
(715) 325-0905